Patent Application Data Sheet

Application Information

Application Type::

Subject Matter::

Suggested
Classification::
Suggested Group Art
Unit::
CD-ROM or CD-R?::

Number of CD disks::
Number of copies of CDs::
Sequence submission?::

Computer Readable

Regular

Title:: METHOD AND APPARATUS FOR REMOVING FLASH

FROM A BRICK

Attorney Docket Number:: 6371-4

Request for Early

Form (CRF)?::

Number of copies of CRF::

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 7

Small Entity?:: No

Latin Name::

| Variety denomination | |
|-----------------------------|---------------------|
| name:: | |
| Petition included?:: | No |
| Petition Type:: | |
| Licensed US Govt. | |
| Agency:: | |
| | |
| Contract or Grant | |
| Numbers:: | |
| Secrecy Order in | |
| Parent Appl.?:: | No |
| | |
| Applicant Information | |
| Inventor Authority Type:: | Inventor |
| 1. Inventor Authority Type | niverior |
| Primary Citizenship | |
| Country:: | Canada |
| Status:: | Full Capacity |
| | |
| | |
| Given Name:: | David |
| Middle Name:: | W. |
| Family Name:: | Brown |
| Name Suffix:: | Mr. |
| City of Residence:: | Toronto |
| State or Prov. Of | |
| Residence:: | Ontario |
| Country of Residence:: | CANADA |
| Street of mailing address:: | 3784 Ellesmere Road |
| City of mailing address:: | Toronto |

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State or Province of

mailing address::

Ontario

Country of mailing address::

CANADA

Postal or Zip Code of

mailing address::

M1C 1H9

2. Inventor Authority Type::

Inventor

Primary Citizenship

Country::

Canada

Status::

Full Capacity

Given Name::

Ted

Middle Name::

Family Name::

Lyons

Name Suffix::

Mr.

City of Residence::

Acton

State or Prov. Of

Residence::

Ontario

Country of Residence::

CANADA

Street of mailing address::

R.R. 4

City of mailing address::

Acton

State or Province of

mailing address::

Ontario

Country of mailing address::

CANADA

Postal or Zip Code of

mailing address::

L7J 2M1

3. Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Tim

Middle Name:: R.

Family Name:: Elliot

Name Suffix:: Mr.

City of Residence:: Norval

State or Prov. Of

Residence:: Ontario

Country of Residence:: CANADA

Street of mailing address:: 2475 Highway 7

City of mailing address:: Norval

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Postal or Zip Code of

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Correspondence Information

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Representative Information

| Representative | |
|-------------------|--------|
| Customer Number:: | 001059 |

Assignee Information

Assignee name::

Brampton Brick Limited

Street of mailing address::

225 Wanless Drive

City of mailing address::

Brampton

State or Province of

mailing address::

Ontario

Country of mailing address::

CANADA

Postal or Zip Code of

mailing address::

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